



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
DHSS Breath Alcohol Program
By Carol Day at 8:15 am, Mar 04, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN 66005284	DATE OF INSPECTION 3-1-10
LOCATION OF INSTRUMENT (STREET AND CITY) 1000 N. BONNIEVILLE, SPFD mo 65802	TIME OF INSPECTION 1524

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

DVM TEST: (.350 ± .150) **410**

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) **OK**

CHARACTER DISPLAY TEST **OK**

PRINT TEST (PRINTOUT ATTACHED) **OK**

TIME AND DATE **1524 / 3-1-10**

CALIBRATION CHECK —

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .096%	TEST 2 .098%	TEST 3 .096%
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SIMULATOR TEMPERATURE (34° ± .2°C) **34°C**

PERFORM RFI TEST (PRINTOUT ATTACHED) **OK**

NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS 0	0-04 0	05-09 1	10-14 3	15-19 2	Over .19 0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**MEETS DEPARTMENT OF HEALTH STANDARDS, REPCO .100%
SOLUTION. LOT # 08002, EXPIRES 10-13-2010**

INSPECTING OFFICER

SIGNATURE

TYPE II PERMIT NUMBER/EXPIRATION DATE

820216 / 7-23-2010

PRINT NAME

SHAWN CLAWSON

TELEPHONE NUMBER

(417) 864-1810

*REP*CO MARKETING INC.

3101-188 STONYBROOK DRIVE
RALEIGH, N.C. 27604
919-876-5480

CERTIFICATE OF ANALYSIS

Random samples of lot number 08002 of Alcohol Certified Solution for simulator were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1209 gms/dl wt. /vol. ethyl alcohol.

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

When used in a calibrated simulator, operating at 34 c +/- .2 c, this solution will give an alcohol breath test instrument reading of .100 percent BAC +/- 2% or .002 BAC (whichever is greater).

The expiration date for this lot number is October 13, 2010 at 11:59PM.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner
Cecil B. Garner, President
RepCo Marketing, Inc.

GREENE COUNTY JAIL
INTOXILYZER - ALCOHOL ANALYZER
HU MODEL 5000 SN 66-005284
03/01/2010

DIAGNOSTIC TEST 15:24

PROM CHECK E235.23 PASSED
RAM CHECK PASSED
TEMP CHECK PASSED
PROCESSOR CHECK
 SYNC PULSE PASSED
 SYNC SPEED PASSED
 NEG. STABILITY PASSED
 POS. STABILITY PASSED
 REF RANGE PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPQRSTUVWXYZ
0123456789

GREENE COUNTY JAIL
INTOXILYZER - ALCOHOL ANALYZER
HU MODEL 5000 SN 66-005284
03/01/2010

TEST	XBAC	TIME
AIR BLANK	.000	15:28
CAL. CHECK	.096	15:28
AIR BLANK	.000	15:29
CAL. CHECK	.098	15:29
AIR BLANK	.000	15:30
CAL. CHECK	.096	15:30
AIR BLANK	.000	15:30

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Shirley Clowse
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

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SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Shirley Clowse
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

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SH 66-085284

E235, 23

INVALID TEST

INHIBITED - RFI

03/01/2010

15:31

SH 66-085284

E235, 23

03/01/2010

15:24

ABCDEFIGHJKLMNOPQRSTUVWXYZ20123
ABCDEFGHIJKLMNOPQRSTUVWXYZ20123456789!@#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ20123456789!@#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ20123456789!@#abcde

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Shu Chen
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

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SUBJECT'S NAME

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INSTRUMENT LOCATION

Shu Chen
OPERATOR

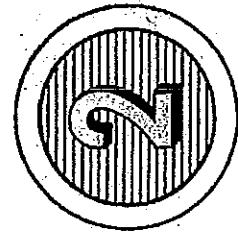
ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

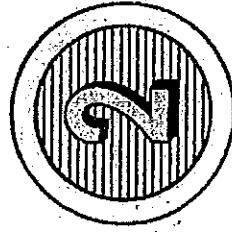
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State of Missouri
DEPARTMENT OF HEALTH



PERMIT
TYPE II



SHAWN CLAWSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER; INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 07/23/08

Number 820216

Expires 07/23/2010

Eric C. Olson
Eric C. Olson

Director of State Public Health Laboratory

MO 580-0771 (7-88)

Director, Department of Health

Lab. 4 (R7-88)